



**BOARD OF CHOSEN FREEHOLDERS
SALEM COUNTY DEPARTMENT OF HEALTH**

110 Fifth Street
Suite 400
SALEM, NEW JERSEY 08079

856-935-7510
856-358-3857
FAX 856-935-8483

ASTM C33-93 Standard Specifications for Select Fill

Alternative Specification for fill material placed in a zone of treatment or disposal, required by
NJAC 7:9 A-1. As Per N.J.D.E.P. Permit No. 03-3487-4SG

Property Owner: _____

Property Location: _____

Municipality: _____ Block: _____ Lot: _____

Permit #: _____ Date of analysis: _____

Sieve	Amt Retained (g)	Amt Passed (g)	% Passing	Required %
3/8"				100%
No. 8				80-100%
No. 16				50-85%
No. 30				25-60%
No. 50				10-30%
No. 100				2-10%
Oven Dry Weight				-----

Signature and Seal of Professional Engineer

Date